This form is a	available electronically.						
CCC-852 (04-15-14)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation			State and County Code		2. Calendar Year	
	LIVESTOCK INDEMNITY APPLICATION		1	3. County Offic	e Name	4. Applica	tion Number
inforn Agricu inforn entitie the Sy failure This ii	ollowing statement is made in accordant nation identified on this form is 7 CFR Fultural Act of 2014 (Pub. L. 113-79). The nation collected on this form may be dises that have been authorized access to extem of Records Notice for USDA/FSA to furnish the requested information we need to collection is exempted from the F-Administration).	Part 1416, the Care information wo closed to other the information A-2, Farm Recolull result in a de	commodity Credicial be used to de Federal, State, by statute or reduced File (Automatermination of in	it Corporation Cha etermine eligibility Local governmen gulation and/or as ated). Providing the peligibility for livest	nter Act (15 U.S for livestock ind t agencies, Trib described in a ne requested in tock indemnity p	S.C. 714 et seq.), a demnity program b aal agencies, and n pplicable Routine U formation is volunt program benefits.	nd the enefits. The longovernmental Jses identified in ary. However,
COM	rovisions of criminal and civil fraud, priv PLETED FORM TO YOUR COUNTY F	acy and other s	statutes may be	applicable to the	information pro	vided. RETURN T	THIS
	RODUCER INFORMATION Name and Address (City, State and Zip						
	OTICE OF LOSS Dccurrence/When Loss Was Apparent		7. Adve	erse Weather Evel	nt(s) or Eligible	Animal Attack(s)	
8. Tam report	ting that I have incurred livestock losses	s due to the adv	verse weather e	vent(s) or eligible	animal attacks	listed in Item 7 and	the losses
occurred or	were apparent to me on the date(s) lis		orde wearier e	rom(o) or ongloto	arminar attacher		1110 100000
A. Producer's	Signature (By)		Relationship of the esentative Capa	ie Individual Signi city	ng in the	C. Date (MM/DD/Y	YYY)
PART C – L	IVESTOCK LOCATION AND ASS	OCIATED PR	ODUCER INF	ORMATION			
9. Where were	e the claimed livestock physically locate lude County name, farm number, etc.)				physical location	on of the livestock	in inventory?
11. Associate	d Producers (List all other producers th	at have an own	ership share of	any livestock liste	d in Item 14 and	d indicate their sha	ire.)
PART D - LI	VESTOCK INFORMATION						
Adverse Co	13.	15. Inventory on Date of Adverse	16. Number of Death Losses Due to	17. Number Lost Due to Normal Mortality	18. Adjusted Inventory	19. Adjusted	20. Adjusted

PART D	- LIV	/EST	OCK INFORMATION						
12.	1	3.	14.	15.	16.	17.	COC USE ONLY		Y
Adverse Weather	Gro	wer	Livestock Kind/Type and Weight Range	Inventory on Date of Adverse	Number of Death Losses Due to	Number Lost Due to Normal Mortality	18. Adjusted	19. Adjusted	20. Adjusted
Event/ Animal Attack Date Number	Yes	No		Weather Event/Animal Attack	Adverse Weather Event/Animal Attack		Inventory	Number Lost Due to Adverse Weather/ Animal Attack	Number Lost Due to Normal Mortality

Page 2 of 2 CCC-852 (04-15-14) PART E – DOCUMENTATION OF BEGINNING INVENTORY 21. List the document(s) provided to verify beginning inventory. Attach copies of documents. Number of Livestock Example: Receipt from Harry's Sale Barn for purchase of 25 feeder pigs on November 10, 2014 25 A В. C. PART F - DOCUMENTATION TO VERIFY LIVESTOCK LOSSES 22. List the document(s) provided to verify livestock losses. Attach copies of documents. Number of Livestock Example: Rendering receipt for pick up of 10 pigs March 12, 2014 10 В. C. D. PART G - SIMILAR LOSS/CONTRACT GROWERS 23. Other Compensation (Contract Growers): \$ 24. Reduction: \$ PART H – PRODUCER CERTIFICATION Payments under the Livestock Indemnity Program will be made with respect to certain livestock deaths that occurred as a direct result of an eligible adverse weather event, except drought, or attacks by animals reintroduced into the wild by the Federal Government or protected by Federal law, including wolves and avian predators. Each producer must file a separate form CCC-852 to be eligible to receive program benefits. By signing this application, the producer: Agrees to provide CCC any documentation it requires to determine eligibility that verifies and supports all information provided, including the producer's certification, and understands the application may be disapproved if they fail to provide any such information requested by CCC; Authorizes CCC, at any time, with or without their presence, to enter upon, inspect and verify all livestock, livestock deaths, and acreage in which they have an interest; · Agrees to comply with, and acknowledges they are subject to, all the regulations governing the program and understands that instructions and assistance are available for completing this form; Authorizes CCC to obtain from third parties, such as, but not limited to, other government agencies, individuals, auction barns, contractors or processors, feed vendors, veterinarian services, and rendering services, records or other evidence that substantiates the information provided on this application or any supporting documentation provided. I certify that: If applying as an individual, that I am a citizen of the United States or a resident alien; if applying as a partnership, the members of the partnership are citizens of the United States; or if applying as a corporation, limited liability corporation, or other farm organizational structure, the entity is organized under State law. If applying as a Native American tribe, the tribe is organized according to the Indian Self-Determination and Education Assistance Act: if applying as any Native American organization or entity, the Native American organization or entity is chartered under the Indian Reorganization Act; if applying as a Native American economic enterprise, the Native American economic enterprise was established under the Indian Financing Act • On the day livestock died, I owned or was a contract grower of all livestock entered on this application and physically maintained control of all such livestock on that date on my farm for commercial use as part of my farming operation; All livestock entered as losses on this application died during the calendar year in Item 2 as a direct result of an eligible adverse weather event(s) or eligible animal attack no later than 60 calendar days from the ending dates of such adverse weather event(s) or eligible animal attack(s) provided in Item 7 in the county provided in Item 9, and that all losses occurred on or after October 1, 2011; • I have not received any compensation for livestock losses listed on this application pursuant to section 10407(d) of the Animal Health Protection Act (7 U.S.C. 8306(d)). All livestock entered on this application meet all the livestock eligibility criteria provided in 7 CFR Part 1416 Subpart D, including being maintained for commercial use as part of my farming operation; I understand that this application may be disapproved if information or evidence provided is false or in error, and that other sanctions or penalties

could apply; and	
All information on this application and all supporting documents I provided is true and correct.	

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25A. Producer's Signature (By)	25B. Title/Relationship of the Individual Signing in the Representative Capacity	25C. Date (MM/DD/YYYY)
PART I - COUNTY COMMITTEE DETERMINATION	ON	

		☐ Approved	□ Disapproved
The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race			
status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employ	yment or in any program or activity conducted or funded by the Departn	nent. (Not all prohibited basis will apply	to all programs and/or employment

27. Date (MM/DD/YYYY)

28. Determination

26. COC or Designee Signature